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11 Job Description INSTALLATION OF A MANUAL, AUTOMATIC, SMOKE/HEAT/CO DETECTION AND SPRINKLER FIRE ALARM SYSTEM AS PER PLANS SUBMITTED HEREWITH, NO CHANGE IN USE, EGRESS OR OCCUPANCY GROUP.	11A Related DOB Job Numbers
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11B Primary application job no. _____

12 Zoning Characteristics			
12A District(s) C6-4 Overlay(s) Special Dist.(s) LM Map Number 12B	12B Street legal width: _____ ft. Street Status: <input type="checkbox"/> Public <input type="checkbox"/> Private If the zoning lot includes multiple tax lots, list all tax lots here ►		

12C Proposed:	Use*	Zoning Floor Area	District	FAR	Proposed Lot Details:	Proposed Yard Details:
		sq. ft.			Lot Type: <input type="checkbox"/> Corner <input type="checkbox"/> Interior <input type="checkbox"/> Through	Check here if no yards: <input type="checkbox"/> or
		sq. ft.			Lot Coverage _____ %	Front Yard _____ ft.
		sq. ft.			Lot Area _____ sq. ft.	Rear Yard _____ ft.
		sq. ft.			Lot Width _____ ft.	Rear Yard Equivalent _____ ft.
		sq. ft.			Proposed Other Details:	Side Yard 1 _____ ft.
		sq. ft.			Enclosed Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No	Side Yard 2 _____ ft.
		sq. ft.			If yes, no. of parking spaces: _____	
		sq. ft.			Perimeter Wall Height _____ ft.	
Proposed Totals		sq. ft.				
Existing Total		sq. ft.				

*Use can be one of the following: residential, commercial, manufacturing, or community facility. List only one use per line.

13 Building Characteristics *Main use/dominant occupancy per AC §28-101.5. **Use 2014 Code equivalents only. ¹ Residential w/other use.			
13A Primary structural system, choose one: <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete (CIP) <input type="checkbox"/> Concrete (Precast) <input type="checkbox"/> Steel (Cold-Formed) <input type="checkbox"/> Steel (Encased in Concrete) <input type="checkbox"/> Wood <input type="checkbox"/> Steel (Structural)			
13B	Existing	Proposed	13D Building Type: <input type="checkbox"/> 1, 2, or 3 Family <input checked="" type="checkbox"/> Other Mixed use building? ² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Structural Occupancy/Risk Cat.	2014 Code Designations?	2014 Code Designations?
	Seismic Design Cat.		
13C	Occupancy Classification*	R-2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Construction Classification	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Multiple Dwelling Classification	HAEA	
13F Building was originally erected pursuant to which Building Code: <input type="checkbox"/> 2014 <input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968 The earliest Code with which this building or any part of it is required to comply: <input type="checkbox"/> 2014 <input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968			

14 Fill Choose one.
<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site <input type="checkbox"/> Under 300 cubic yards

15 Construction Equipment <input type="checkbox"/> Chute <input type="checkbox"/> Sidewalk Shed <input type="checkbox"/> Construction Material: <input type="checkbox"/> Fence <input type="checkbox"/> Size: _____ linear ft. BSA/MEA Approval No. _____ <input type="checkbox"/> Supported Scaffold <input type="checkbox"/> Other: _____	16 Curb Cut Description Size of cut (with splays): _____ ft. Distance to nearest corner: _____ ft. to street: _____
---	---

17 Tax Lot Characteristics Original tax lots being merged or reapportioned (if applicable): Tentative tax lot numbers (new tax lots only): 	18 Fire Protection Equipment <table style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th colspan="2">Existing</th> <th colspan="2">Proposed</th> </tr> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Yes</th> <th>No</th> </tr> <tr> <td>Fire Alarm</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Fire Suppression</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sprinkler</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Standpipe</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Existing		Proposed			Yes	No	Yes	No	Fire Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Suppression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standpipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Existing		Proposed																												
	Yes	No	Yes	No																											
Fire Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											
Fire Suppression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											
Sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											
Standpipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											

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19 Open Spaces					
	Existing	Proposed		Existing	Proposed
Plaza Area	sq. ft.	sq. ft.	Arcade Area	sq. ft.	sq. ft.
Parking Area	sq. ft.	sq. ft.	Parking Spaces		
Loading Berths	sq. ft.	sq. ft.	Loading Berths		

20 Site Characteristics		20A Flood Hazard Area Information	
Yes No	Yes No	Yes No	
<input type="checkbox"/> <input checked="" type="checkbox"/> Tidal Wetlands	<input type="checkbox"/> <input checked="" type="checkbox"/> Freshwater Wetlands	<input type="checkbox"/> <input type="checkbox"/> Substantial improvement?	
<input type="checkbox"/> <input checked="" type="checkbox"/> Coastal Erosion Hazard Area	<input type="checkbox"/> <input checked="" type="checkbox"/> Urban Renewal	<input type="checkbox"/> <input type="checkbox"/> Substantially damaged?	
<input checked="" type="checkbox"/> <input type="checkbox"/> Fire District	<input type="checkbox"/> <input checked="" type="checkbox"/> Flood Hazard Area <i>If yes, 20A</i>	<input type="checkbox"/> <input type="checkbox"/> Floodshields part of proposed work?	

21 Demolition Details <i>"Mechanical equipment other than handheld devices to be used for demolition or removal of debris (BC §3306.4).</i>	
Yes No	
21A <input type="checkbox"/> <input type="checkbox"/> Demo. filing is for a secondary structure? <i>If yes, specify structure being demolished:</i>	
<input type="checkbox"/> <input type="checkbox"/> Mechanical means* from out of building? <i>If yes, mechanical means will demolish: <input type="checkbox"/> entire structure or <input type="checkbox"/> part of structure</i>	
<input type="checkbox"/> <input type="checkbox"/> Mechanical means* from within building? <i>If yes, describe equipment proposed:</i>	
21B <input type="checkbox"/> <input type="checkbox"/> Demolition work affects the exterior building envelope	
<input type="checkbox"/> <input type="checkbox"/> The scope of work involves raising/moving of a building	

22 Asbestos Abatement Compliance <i>Choose one.</i>	
<input type="checkbox"/> The scope of work requires related asbestos abatement as defined in the regulations of the NYC Department of Environmental Protection (DEP).	
<input checked="" type="checkbox"/> The scope of the work is not an asbestos project as defined in the regulations of the NYC DEP. <i>DEP Control # is required.</i>	
DEP ACP-5 Control No. <u>1242872</u>	
<input type="checkbox"/> The scope of work is exempt from the asbestos requirement as defined in the regulations promulgated by the NYC DEP (15 RCNY 1-23(b)) or is an alteration to a building constructed pursuant to plans submitted for approval on or after April 1, 1987, in accordance with § 28-106.1.	

23 Sign			
Purpose:	Type:	Estimated Cost: \$	23A Illuminated type: <input type="checkbox"/> Direct <input type="checkbox"/> Flashing <input type="checkbox"/> Indirect
<input type="checkbox"/> Advertising	<input type="checkbox"/> Illuminated 23A	Total Square Feet:	Yes No
<input type="checkbox"/> Non-Advertising	<input type="checkbox"/> Non-Illuminated	Height above Curb: ft. in.	<input type="checkbox"/> <input type="checkbox"/> If sign projects beyond building line, is owner billed for annual permit? <i>If no, specify in 26B</i>
Location: <input type="checkbox"/> Ground <input type="checkbox"/> Roof 23B <input type="checkbox"/> Wall	Height above Roof: ft. in.		23B <input type="checkbox"/> <input type="checkbox"/> Is roof sign tight, closed or solid?
Yes No			23C Sign wording. <i>If extensive, provide only key wording.</i>
<input type="checkbox"/> <input type="checkbox"/> Is sign inside building line? <i>If no, sign projects by: ft. in.</i>			23D Distance from Arterial Highway: ft.
<input type="checkbox"/> <input type="checkbox"/> Designed for changeable copy? <i>If no, 23C</i>			23E Distance from Park 1/2 acre or more: ft.
<input type="checkbox"/> <input type="checkbox"/> Does an OAC have an interest in this sign or location? <i>If yes, 23G</i>			23F OAC Sign Number:
<input type="checkbox"/> <input type="checkbox"/> Within 900' and within view of an arterial highway? <i>If yes, 23D</i>			23G OAC Registration Number:
<input type="checkbox"/> <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? <i>If yes, 23E</i>			
.....▶ <i>If answer is "yes" to either of the above two questions and this is an advertising sign, OAC sign number is required in section 23F</i>			

24 Comments <i>Place additional comments on an AI-1 form. See Guide for proper incorporation of professional certification statements.</i>

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25 Applicant's Statements and Signatures *Required for all applications.*

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department. I prepared or supervised the preparation of the construction documents and specifications herewith submitted and to the best of my knowledge and belief, the construction documents and work shown thereon comply with the provisions of the NYC Administrative Code and other applicable laws and rules. ☐ (check here if) except as set forth in the accompanying documents. I acknowledge that I have read and complied with all instructions pertaining to this application and supplementary schedules submitted. **Cluster Development Statement** (if applicable): I hereby state that all specifications relating to this job are identical to those previously filed under the group lead job number, except as specified herein.

For Initial New Building and Alteration 1 applications filed under the 2008 or 2014 NYC Building Code only: does this building qualify for high-rise designation? ☐ Yes ☐ No

Directive 14 Initial applications only: I certify that the construction documents submitted and all construction documents related to this application do not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy. ☒ Yes ☐ No

Name (print): **LEONID BERMAN**

Sign and Date:

P.E. / R.A. Seal (apply seal when sign and date over seal)

26 Property Owner's Statements and Signatures

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department. Furthermore, I understand that I am responsible for insuring that a final inspection be performed when the permitted work is complete, and that a satisfactory report of final inspection be submitted, along with all required submittal documents, so that the NYC Department of Buildings may issue a letter of completion or certificate of occupancy within the time prescribed by law.

I have authorized the applicant to file this application for the work specified herein and all future amendments. I will not knowingly authorize any work that is not in compliance with all applicable laws, rules, and regulations.

Yes No

☐ ☐ **Fee Exemption Request (Non-Profit Owned and Operated)**
In accordance with Administrative Code §28-112.1, Exception 1, I certify that the deed holder is a corporation or association organized and operated exclusively for the purposes indicated in such section, and that the property is used exclusively by such entity for such purposes. ★

☐ ☐ **Fee Exemption Request (NYCHA/HHC, NYC Agency, or Other Government Owned and Operated)** The building or any part thereof to be constructed, renovated, altered or demolished is owned and operated exclusively for the purposes of the NYC Agency, NYC Authority, NYS Agency, Federal Government or any other government entity. ★

☐ ☒ **Owner's Certifications Regarding Occupied Housing**
The site of the building to be altered or demolished, or the site of the new building to be constructed, contains one or more occupied dwelling units that will remain occupied during construction. These occupied dwelling units have been clearly identified on the submitted construction documents.

☐ ☒ The site of the building to be altered or demolished, or the site of the new building to be constructed, contains occupied housing accommodations subject to rent control or rent stabilization under Chapters 3 and 4 of Title 26 of the New York City Administrative Code. If yes, select one of the following:

☐ The owner is not required to notify the New York State Homes and Community Renewal (NYSHCR) of the owner's intention to file because the nature and scope of the work proposed, pursuant to NYSHCR regulations, does not require notification.

☐ The owner has notified the New York State Homes and Community Renewal (NYSHCR) of its intention to file such construction documents/apply for such permit and has complied with all requirements imposed by the regulations of such agency as preconditions for such [filing/application].

Provide date NYSHCR notified: _____

☒ ☐ **Owner's Certification for Directive 14 Applications (if applicable)**
I have read and am fully aware of the applicant's statement that the construction documents submitted and all construction documents related to this application will not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy and the work is not inconsistent with the current certificate of occupancy. Furthermore, I understand that I am responsible for retaining a qualified design professional to perform a final inspection when the permitted work is complete and this professional must submit a satisfactory final inspection report to the NYC Department of Buildings within the time following inspection prescribed by Department rule.

Notes for Section 26A: Section required if unit owner signed Section 26. Signature required for authorized representative of Condo or Co-Op board.

★ For fee waivers, please see the PW1 User Guide

Owner ☐ Individual ☒ Partnership ☐ NYCHA / HHC
Type: ☐ Corporation ☐ Other Government ☐ NYC Agency
☐ Condo Unit Owner or Co-Op Tenant-shareholder 26A

Is the deed holder a non-profit organization? ☐ Yes ☒ NoName (please print): **AMANDA ORTIZ**Relationship to Owner: **PROPERTY MANG.**Business Name/Agency: **GOLD PRPERTIES, LP**Street Address: **49 WEST 32ND STREET**City: **NEW YORK** State: **NY** Zip: **10001**Telephone Number: **(212) 477-2700** Fax: **(212) 277-3340**E-Mail Address: **AMANDA@THURCON.COM**

Signature and Date

26A Condo/Co-Op Board See note in bottom left corner of page.

Name (please print):

Title:

Street Address:

City:

State:

Zip:

Telephone Number:

Fax:

E-Mail Address:

Signature and Date

26B Lessee Responsible for Annual Sign or Marquee Permit

Name (please print):

Relationship to Owner:

Business Name/Agency:

Street Address:

City:

State:

Zip:

Telephone Number:

Fax:

E-Mail Address:

DOB Reference Number: **T00001486411**User Ref ID: **88FULTST** 12/14

1. THESE PLANS ADDRESS THE STABILIZATION WORKS REQUIRED TO CORRECTLY BRACE THE BUILDING AND TO PREVENT THE COLLAPSE OF 30 WALTON STREET.

1. ALL STRUCTURAL STEEL SHALL BE PROVIDED AND DETECTED BY ACCORDANCE WITH THE LATEST EDITION OF STANDARD PRACTICE STEEL CONSTRUCTION, STEEL INSTITUTE, CHICAGO, ILL. 60611, AND AISC 360.
2. ALL WELDING SHALL BE DONE BY WELDER QUALIFIED BY THE STEEL INSTITUTE, CHICAGO, ILL. 60611, AND AISC 360.
3. ALL WELDING SHALL BE DONE BY THE STEEL INSTITUTE, CHICAGO, ILL. 60611, AND AISC 360.
4. ALL WELDING SHALL BE DONE BY THE STEEL INSTITUTE, CHICAGO, ILL. 60611, AND AISC 360.
5. ALL WELDING SHALL BE DONE BY THE STEEL INSTITUTE, CHICAGO, ILL. 60611, AND AISC 360.
6. ALL WELDING SHALL BE DONE BY THE STEEL INSTITUTE, CHICAGO, ILL. 60611, AND AISC 360.
7. ALL WELDING SHALL BE DONE BY THE STEEL INSTITUTE, CHICAGO, ILL. 60611, AND AISC 360.
8. ALL WELDING SHALL BE DONE BY THE STEEL INSTITUTE, CHICAGO, ILL. 60611, AND AISC 360.
9. ALL WELDING SHALL BE DONE BY THE STEEL INSTITUTE, CHICAGO, ILL. 60611, AND AISC 360.
10. ALL WELDING SHALL BE DONE BY THE STEEL INSTITUTE, CHICAGO, ILL. 60611, AND AISC 360.

1. CHINA IN 1980 WAS THE MOST DEVELOPED COUNTRY IN THE WORLD.

- [illegible]

1. IS THE BEST OF AN INDUSTRY, RELAT AND PROFESSIONAL, AVAILABLE THIS APPLICATION IS AN UNUSUAL, WITH THE PROPOSED APPLICATION IS AN INDUSTRY. THE SCOPE OF WORK DOES NOT AFFECT THE DANGER AND OF THE HAZARD.

WORK DESCRIPTION		SCORE AND PROPOSED DESIGN VALUES
ENERGY ANALYSIS FOR BUILDING DESIGN, BION WORK, AS SHOWN CLIMATE ZONE: CHAMPAGNE - 4A (NEW YORK)		SEE ATTACHMENT
WORK BEING THE SCOUT OF THE PARTICIPATION BODY AND A LITTLE THE COORDINATION OF THE FORMER DIRECTION OF THE BUILDING		

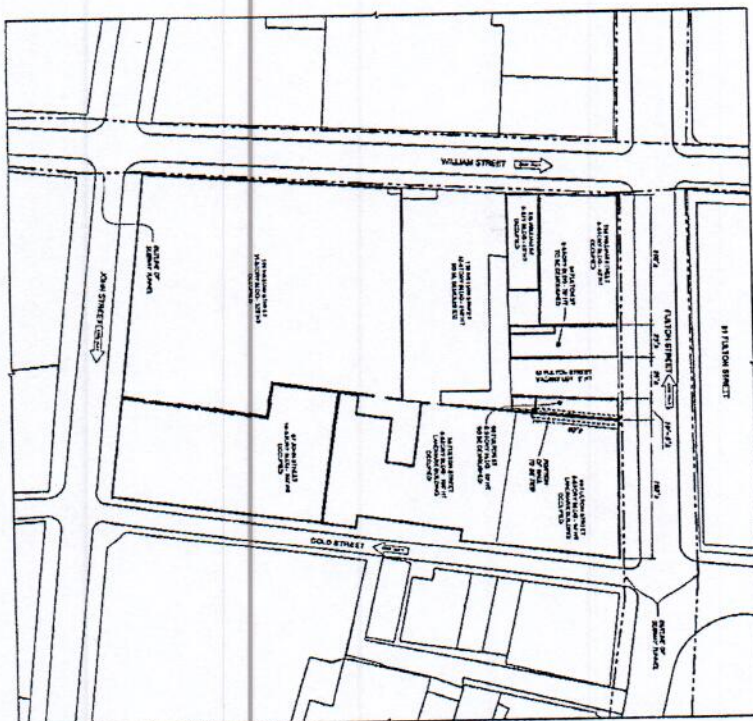
BUILDING DATA	
BRICKS	1000000
ROOFING	1000000
ASBESTOS	1000000
PAINT	1000000
GLASS	1000000
FORMS	1000000
REINFORCING	1000000
CONCRETE	1000000
STEEL	1000000
WOOD	1000000
OTHER	1000000
TOTAL	1000000

3-001.00	KEY PLAN AND NOTES
3-002.00	WALL & INSTALLATION

STRUCTURAL STABILITY - (DISTINGUISHED)

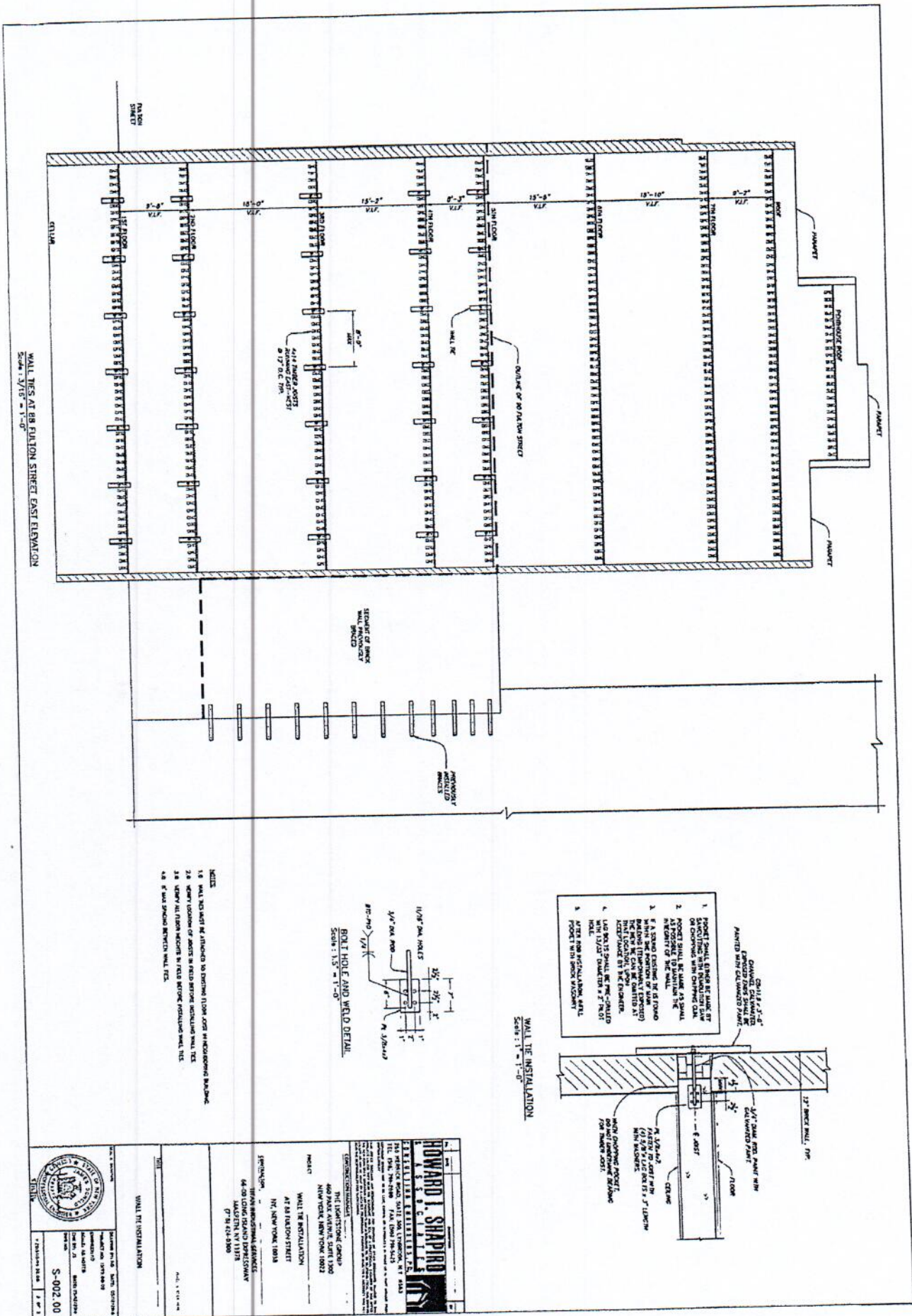
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1 NOV 1971



KEY PLAN
Scale: 1" = 50'

[illegible]





PW3: Cost Affidavit

Must be typewritten.



Orient and affix BIS
job number label here



1 Reason For Filing <i>Required for all applications.</i>		
Reason for filing cost affidavit:	Cost information provided must be based on:	1A Indicate existing document number affected by filing:
<input type="checkbox"/> Initial Filing 2-7	Estimated cost of construction	
<input type="checkbox"/> Prior to Approval Actions 1A, 2-7	Estimated cost of construction	
<input type="checkbox"/> Post Approval Amendment (PAA) 1A, 2-7	Estimated cost of construction	
<input type="checkbox"/> To obtain Sign-off 2-3, 5, 7	Actual construction cost of completed work	

2	Location Information <i>Required for all applications.</i>				
House No(s) 33		Street Name Gold Street			
Borough Manhattan		Block 77	Lot 24	BIN 1077403	C.B. No. 101

3	Cost Details <i>Required for all applications.</i>
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Cost estimates shall include total value of work proposed per § 28-112.3 of the NYC Administrative Code and shall be direct work costs based upon material, equipment and labor; work shall include all construction elements including, but not limited to, construction equipment, wall and floor finishes, built-in cabinets, and kitchen appliances. Indirect costs, including but not limited to general conditions, insurance, and an allowance for profit and overhead shall be added to direct work costs and shall be reflected in the unit costs shown. If in the opinion of the Department, the valuation is underestimated on the application, the permit shall be denied, unless the applicant can show detailed estimates to meet the approval of the Department. The initial, amended and final building permit valuation shall be set by the department. "Yes" or "No" must be specified for each "Category of Work" listed below.

Categories of Work (Must match all applicable categories indicated on PW1.)

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Boiler (BL)	<input type="checkbox"/>	<input type="checkbox"/>	Standpipe (SD)	<input type="checkbox"/>	<input type="checkbox"/>	General Construction (OT)
<input type="checkbox"/>	<input type="checkbox"/>	Fire Alarm (FA)	<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler (SP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Partial Demolition
<input type="checkbox"/>	<input type="checkbox"/>	Fuel Burning (FB)	<input type="checkbox"/>	<input type="checkbox"/>	Signs (SG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Non-Structural Demolition
<input type="checkbox"/>	<input type="checkbox"/>	Fuel Storage (FS)	<input type="checkbox"/>	<input type="checkbox"/>	Other (OT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Structural Work
<input type="checkbox"/>	<input type="checkbox"/>	Fire Suppression (FP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Antenna (OT/ANT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interior Renovation
<input type="checkbox"/>	<input type="checkbox"/>	Mechanical (MH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fire Protection Plan (OT/FPP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Exterior Renovation
<input type="checkbox"/>	<input type="checkbox"/>	Plumbing (PL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Marquee (OT/MAR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (Describe) _____
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (Describe) _____			

[illegible]

*List ALL Categories of Work specified "Yes" above. Use more than one line for Categories of Work that involve multiple unit costs. See PW3 Form Instructions for a sample of completed Section 3 Cost Details.

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4 Design Applicant Information			
Last Name	First Name	Middle Initial	
Business Name	Business Phone	Business Fax	
Business Address	Mobile Phone		E-Mail
City	State	Zip	E-Mail
License Number	Choose One: <input type="checkbox"/> P.E. <input type="checkbox"/> R.A. <input type="checkbox"/> Sign Hanger <input type="checkbox"/> Other (specify) _____		

5 Owner/Lease Holder Information			
Last Name	First Name	Middle Initial	
Business Name	Business Phone	Business Fax	
Business Address	Mobile Phone		E-Mail
City	State	Zip	E-Mail

6 Design Applicant's Statements and Signatures			
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I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and punishable by a fine, imprisonment, or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (print)

Signature

Date

P.E. / R.A. Seal (apply seal, then sign and date over seal)

7 Owner's/Lease Holder's Statements and Signatures <i>Notary only required when submitting to obtain sign-off.</i>			
---	--	--	--

I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (print)

Brad Thurman

Signature

Date

Notarization

State of New York, County of: NEW YORK

Sworn to or affirmed under penalty of perjury

07 day of April 2016

Notary Public Signature

Notary Seal

JINA LEE

Notary Public - State of New York

NO. 01LE6307203

Qualified in New York County

My Commission Expires Jun 30, 2018

Internal Use Only			
Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Plan Examination:	<input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed		
C of O:	<input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed		
Plan Examination/C of O:	<input type="checkbox"/> Accept Revised Submission (Resolved)		

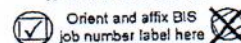
14296.01.00



PW3: Cost Affidavit

Must be typewritten.

140433181



1 Reason For Filing <i>Required for all applications.</i>		
Reason for filing cost affidavit:	Cost information provided must be based on:	1A Indicate existing document number affected by filing: 01
<input type="checkbox"/> Initial Filing 2-7	Estimated cost of construction	
<input type="checkbox"/> Prior to Approval Actions 1A, 2-7	Estimated cost of construction	
<input type="checkbox"/> Post Approval Amendment (PAA) 1A, 2-7	Estimated cost of construction	
<input type="checkbox"/> To obtain Sign-off 2-3, 5, 7	Actual construction cost of completed work	

<input type="checkbox"/>	To obtain Sign-off 2-3, 5, 7	Actual construction cost of completed work			
2	Location Information Required for all applications.				
House No(s) 88		Street Name Fulton Street			
Borough Manhattan		Block 77	Lot 24	BIN 1077403	C.B. No. 101

3	Cost Details <i>Required for all applications.</i>
---	--

Cost estimates shall include total value of work proposed per § 28-112.3 of the NYC Administrative Code and shall be direct work costs based upon material, equipment and labor; work shall include all construction elements including, but not limited to, construction equipment, wall and floor finishes, built-in cabinets, and kitchen appliances. Indirect costs, including but not limited to general conditions, insurance, and an allowance for profit and overhead shall be added to direct work costs and shall be reflected in the unit costs shown. If in the opinion of the Department, the valuation is underestimated on the application, the permit shall be denied, unless the applicant can show detailed estimates to meet the approval of the Department. The initial, amended and final building permit valuation shall be set by the department. "Yes" or "No" must be specified for each "Category of Work" listed below.

Categories of Work (Must match all applicable categories indicated on PW1.)

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Boiler (BL)	<input type="checkbox"/>	<input type="checkbox"/>	Standpipe (SD)	<input type="checkbox"/>	<input type="checkbox"/>	General Construction (OT)
<input type="checkbox"/>	<input type="checkbox"/>	Fire Alarm (FA)	<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler (SP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Partial Demolition
<input type="checkbox"/>	<input type="checkbox"/>	Fuel Burning (FB)	<input type="checkbox"/>	<input type="checkbox"/>	Signs (SG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Non-Structural Demolition
<input type="checkbox"/>	<input type="checkbox"/>	Fuel Storage (FS)	<input type="checkbox"/>	<input type="checkbox"/>	Other (OT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Structural Work
<input type="checkbox"/>	<input type="checkbox"/>	Fire Suppression (FP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Antenna (OT/ANT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interior Renovation
<input type="checkbox"/>	<input type="checkbox"/>	Mechanical (MH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fire Protection Plan (OT/FPP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Exterior Renovation
<input type="checkbox"/>	<input type="checkbox"/>	Plumbing (PL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Marquee (OT/MAR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (Describe) <u>Tie Backs</u>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (Describe)			

[illegible]

*List ALL Categories of Work specified "Yes" above. Use more than one line for Categories of Work that involve multiple unit costs. See PW3 Form Instructions for a sample of completed Section 3 Cost Details.

PW3

PAGE 2

4 Design Applicant Information

Last Name	First Name	Middle Initial
Business Name	Business Phone	Business Fax
Business Address		Mobile Phone
City	State	Zip
License Number	Choose One: <input type="checkbox"/> P.E. <input type="checkbox"/> R.A. <input type="checkbox"/> Sign Hanger <input type="checkbox"/> Other (specify) _____	E-Mail

5 Owner/Lease Holder Information

Last Name	First Name	Middle Initial
Business Name	Business Phone	Business Fax
Business Address		Mobile Phone
City	State	Zip
		E-Mail

6 Design Applicant's Statements and Signatures

I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and punishable by a fine, imprisonment, or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (print)

Signature

Date

P.E. / R.A. Seal (apply seal, then sign and date over seal)

7 Owner's/Lease Holder's Statements and Signatures

I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (print)

Brad Thurman

Signature

Date

Notarization

State of New York, County of New York

Sworn to or affirmed under penalty of perjury

07 day of April 20 16

Notary Public Signature

Notary Seal

JINA LEE
Notary Public - State of New York
NO. 01LE6307203
Qualified in New York County
My Commission Expires Jun 30, 2018

Internal Use Only			
Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Plan Examination:	<input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed		
C of O:	<input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed		
Plan Examination/C of O:	<input type="checkbox"/> Accept Revised Submission (Resolved)		



PW1: Plan / Work Application Must be typewritten.

☒ Orient and affix BIS job number label here ☒

1	Location Information <i>Required for all applications.</i>
House No(s) 88 Street Name FULTON STREET	
Borough MANHATTAN Block 00077 Lot 00024 BIN 1077403 C.B. No. 101	
Work on Floor(s) CEL Apt. / Condo No(s)	
2	Applicant Information <i>Required for all applications. Fax, mobile telephone and e-mail address are optional information.</i>
Last Name TUNG First Name THOMAS Middle Initial C	
Business Name THOMAS C TUNG P.E. Business Telephone (212) 966-7828	
Business Address 55C DELANCEY STREET Business Fax (212) 966-5611	
City NEW YORK State NY Zip 10002 Mobile Telephone	
E-Mail EFILINGLL@GMAIL.COM License Number 049458	
Choose one: <input checked="" type="checkbox"/> P.E. <input type="checkbox"/> R.A. <input type="checkbox"/> Sign Hanger <input type="checkbox"/> Other, please specify:	
3	Filing Representative <i>Complete only if different from applicant specified in section 2. Fax, mobile phone, and e-mail are optional info.</i>
Last Name KAN, ZENG, NARVAEZ First Name JOHN, IDA, VIC, HU Middle Initial	
Business Name J CHAN GROUP CORP Business Telephone (212) 966-7828	
Business Address 55C DELANCEY STREET Business Fax (212) 966-5611	
City NEW YORK State NY Zip 10002 Mobile Telephone	
E-Mail EFILING08H@GMAIL.COM Registration Number	
4	Filing Status <i>Required for all applications. Choose one and provide specified associated information.</i>
<input checked="" type="checkbox"/> Initial Filing 5, 7, 11, 12A, 25-26 Review is requested under which Building Code? <input type="checkbox"/> 2008 <input checked="" type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968 Choose <input type="checkbox"/> Standard Plan Examination or Review one: <input checked="" type="checkbox"/> Professional Certification PC1, POC1 <input type="checkbox"/> Professional Cert of Objections A11	
<input type="checkbox"/> Prior to Approval Actions 25-26 <input type="checkbox"/> Amend Existing Filing 4A <input type="checkbox"/> Subsequent Filing 6-7, 8A (Alt-2 only), 11 <input type="checkbox"/> Post Approval Amendment (PAA) 4A, 6, 24-25 Will PAA affect filing fees? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New (Superseding) Applicant 4A, 25-26	
<input type="checkbox"/> Reinstatement 24-26 <input type="checkbox"/> Withdrawal 26 <input type="checkbox"/> Specified in 4A and 6 <input type="checkbox"/> Entire Job 4A Indicate existing document number affected by filing:	
5	Job/Project Types <i>Choose one and provide specified associated information.</i>
<input type="checkbox"/> Alteration Type 1 6A-E, 8B-C, 9-10, 13C-F, 14 & 18-20, 22, PW1A, PD1, select all that apply: <input type="checkbox"/> Change in Exits <input type="checkbox"/> Change in Number of Stories <input type="checkbox"/> Change in Number of Dwelling Units <input type="checkbox"/> Change in Occupancy / Use <input type="checkbox"/> Change inconsistent with current Cert. of Occup.	
<input type="checkbox"/> Alteration Type 1, OT: "No Work" 8C, 9-10 & 12, 13C-F, 14, 18-19, 22, PW1A, PD1 <input checked="" type="checkbox"/> Alteration Type 2 5A, 6A-D, 8A-B, 9-10, & 13C-E, 14, 20, 22 <input type="checkbox"/> Alteration Type 3 5A, 6B-F, 8C, 9-10, 13C-E, 22 <input type="checkbox"/> New Building 6A-E, 8F-G, 9A-C, 9L, 10, 12, 13A-E (13B: 2008 Code only), 14, 18-20, PW1A, PD1	
<input type="checkbox"/> Full Demolition 6B, 8D, 9B-D, & 13D-E, 14, 21A, 22 <input type="checkbox"/> Sign 5A, 6B-D, 9B, 22-23 <input type="checkbox"/> Subdivision 9B, 12A-B <input type="checkbox"/> Condominium <input type="checkbox"/> Improved 17 5A Directive 14 acceptance requested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6	Work Types <i>Select all that apply but no more than allowed by job and filing type. "OT" required on all NB and Alteration 1 initial applications.</i>
6A <input type="checkbox"/> BL - Boiler PW1C <input type="checkbox"/> FS - Fuel Storage PW1C <input checked="" type="checkbox"/> PL - Plumbing PW1B <input type="checkbox"/> CC - Curb Cut 16 <input type="checkbox"/> FA - Fire Alarm <input type="checkbox"/> FP - Fire Suppression <input type="checkbox"/> SD - Standpipe PW1B <input type="checkbox"/> OT/ANT - Antenna <input type="checkbox"/> FB - Fuel Burning PW1C <input type="checkbox"/> MH - Mechanical <input type="checkbox"/> SP - Sprinkler PW1B <input type="checkbox"/> OT/BPP - Builders Pavement Plan 8D 6B <input type="checkbox"/> EQ - Construction Equipment 15 <input checked="" type="checkbox"/> OT/GC - General Construction <input type="checkbox"/> OT - Other, describe: <input type="checkbox"/> OT/FPP - Fire Protection Plan <input type="checkbox"/> OT/MAR - Marquee 8E, 26B	

DOB Reference Number: T00000918962-000028
 User Ref ID: 467713

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PW1

PAGE 3

12 Zoning Characteristics

12A District(s) C6-4

Overlay(s)

Special Dist.(s) LM

Map Number 12B

12B Street legal width: _____ ft.

Street Status: ☐ Public ☐ Private

If the zoning lot includes multiple tax lots, list all tax lots here ►

12C Proposed: Use*	Zoning Floor Area	District	FAR
	sq. ft.		
	sq. ft.		
	sq. ft.		
	sq. ft.		
	sq. ft.		
	sq. ft.		
Proposed Totals	sq. ft.		
Existing Total	sq. ft.		

Proposed Lot Details:Lot Type: ☐ Corner ☐ Interior ☐ Through

Lot Coverage _____ %

Lot Area _____ sq. ft.

Lot Width _____ ft.

Proposed Other Details:Enclosed Parking? ☐ Yes ☐ No

If yes, no. of parking spaces: _____

Perimeter Wall Height _____ ft.

Proposed Yard Details:Check here if no yards: ☐ or

Front Yard _____ ft.

Rear Yard _____ ft.

Rear Yard Equivalent _____ ft.

Side Yard 1 _____ ft.

Side Yard 2 _____ ft.

*Use can be one of the following: residential, commercial, manufacturing, or community facility. List only one use per line.

13 Building Characteristics *Main use/dominant occupancy per AC §28-101.5. **Use 2008 Code equivalents only. †Residential w/other use.13A Primary structural system, choose one: ☐ Masonry ☐ Concrete (CIP) ☐ Concrete (Precast) ☐ Steel (Cold-Formed) ☐ Steel (Encased in Concrete) ☐ Wood ☐ Steel (Structural)

13B	Existing	Proposed
Structural Occupancy Category		
Seismic Design Category		
2008 Code Designations?		
13C Occupancy Classification*	COM	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Construction Classification	3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Multiple Dwelling Classification		

13D Building Type: ☐ 1, 2, or 3 Family ☒ Other
Mixed use building?† ☒ Yes ☐ No

13E	Existing	Proposed
Building Height	74 ft.	
Building Stories	7	
Dwelling Units	74	

13F Building was originally erected pursuant to which Building Code: ☐ 2008 ☐ 1968 ☐ Prior to 1968
The earliest Code with which this building or any part of it is required to comply: ☐ 2008 ☐ 1968 ☐ Prior to 1968**14 Fill Choose one.**☒ Not Applicable ☐ On-Site ☐ Off-Site ☐ Under 300 cubic yards**15 Construction Equipment**☐ Chute ☐ Sidewalk Shed ☐ Construction Material: _____
☐ Fence Size: _____ linear ft. BSA/MEA Approval No. _____
☐ Supported Scaffold ☐ Other: _____**16 Curb Cut Description**

Size of cut (with splays): _____ ft.

Distance to nearest corner: _____ ft.

to street: _____

17 Tax Lot Characteristics

Original tax lots being merged or reapportioned (if applicable):

Tentative tax lot numbers (new tax lots only):

18 Fire Protection Equipment

	Existing		Proposed	
	Yes	No	Yes	No
Fire Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Suppression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standpipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19 Open Spaces

	Existing	Proposed		Existing	Proposed
	sq. ft.	sq. ft.		sq. ft.	sq. ft.
Plaza Area			Arcade Area		
Parking Area			Parking Spaces		
Loading Berths			Loading Berths		

20 Site Characteristics

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tidal / Fresh Water Wetlands
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Urban Renewal
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire District
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flood Hazard Area

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PW1B: Schedule B
Plumbing, Sprinkler, Standpipe
Must be typewritten.

☒ Orient and affix BIS
job number label here ☒

Page 1 of 2

1	Location Information <i>Required for all applications.</i>												
	House No(s) <u>88</u>	Street Name <u>FULTON STREET</u>											
	Borough <u>MANHATTAN</u>	Block <u>77</u>	Lot <u>24</u> BIN <u>1077403</u> CB No. <u>101</u>										
	Work on Floor(s) <u>CEL</u>												
2	Work Type Information <i>Required for all applications. Select all that apply.</i>		Filing components/fixtures? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
	<input checked="" type="checkbox"/> Plumbing - PL	<input type="checkbox"/> Sprinkler - SP	<input type="checkbox"/> Standpipe - SD										
	Cost: \$ <u>69000</u>	Cost: \$ _____	Cost: \$ _____										
	Total sprinkler heads in 8B: <u>0</u>	Total sprinkler heads in 8A: _____											
	To remove violation(s): 1) _____	To remove violation(s): 1) _____	To remove violation(s): 1) _____										
	2) _____	2) _____	2) _____										
3	Drainage Information												
	Storm Drainage Discharges into: <i>select one.</i>		Sanitary Drainage Discharges into: <i>select one.</i>										
	<input type="checkbox"/> Storm Sewer <input type="checkbox"/> Combined Sewer <input type="checkbox"/> Private Disposal	<input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Combined Sewer <input type="checkbox"/> Private Disposal											
4	Sewer Work <i>Select all that apply.</i>												
	<input type="checkbox"/> SD-1, SD-2, SD-3	<input type="checkbox"/> Site Connection	<input type="checkbox"/> Septic Tank										
5	Cap / Remove / Replace / Relocate Components <i>If this section is completed, components are required.</i>												
	<input type="checkbox"/> Cap or Remove <i>Describe all:</i>	<input type="checkbox"/> Replace or Relocate <i>Describe all:</i>											
6	Gas and Gas Equipment Data												
	Gas piping involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Describe gas fired equipment:</i>												
	Total Meters total: _____	Location(s), floor/apt. - list all that apply: _____											
	Risers total: _____												
	Gas Usage: <input type="checkbox"/> Heat <input type="checkbox"/> Dryer <input type="checkbox"/> Water Heater <input type="checkbox"/> Tankless Coil												
	<input type="checkbox"/> HVAC <input type="checkbox"/> Cooking <input type="checkbox"/> Fire Place <input type="checkbox"/> Boiler Pilot for Oil Burner												
	<input type="checkbox"/> Other: _____												
7	Applicant's Statements and Signatures <i>Required for all applications.</i>												
	<p>Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both.</p>												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Name (please print)</td> </tr> <tr> <td colspan="2">THOMAS C TUNG</td> </tr> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td colspan="2" style="height: 150px; vertical-align: middle; text-align: center;"> </td> </tr> <tr> <td colspan="2">P.E. / R.A. Seal (apply seal, then sign and date over seal)</td> </tr> </table>			Name (please print)		THOMAS C TUNG		Signature	Date			P.E. / R.A. Seal (apply seal, then sign and date over seal)	
Name (please print)													
THOMAS C TUNG													
Signature	Date												
P.E. / R.A. Seal (apply seal, then sign and date over seal)													

DOB Reference Number: T00000918962-000028
User Ref ID: 467713

PW1

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26 Property Owner's Statements and Signatures

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department. Furthermore, I understand that I am responsible for insuring that a final inspection be performed when the permitted work is complete, and that a satisfactory report of final inspection be submitted, along with all required submittal documents, so that the NYC Department of Buildings may issue a letter of completion or certificate of occupancy within the time prescribed by law.

I have authorized the applicant to file this application for the work specified herein and all future amendments. I will not knowingly authorize any work that is not in compliance with the New York City Energy Conservation Code (NYCECC).

Yes No

☐ ☒ **Fee Deferred Request Statement**

I hereby request a fee deferral for the work proposed on this application and understand that all fees must be paid before issuance of any Certificate of Occupancy or job sign off.

☐ ☒ **Fee Exemption Request Statement**

In accordance with §28-112.1 of the NYC Administrative Code I hereby state that the proposed work involves a building or property owned or used exclusively for the purposes indicated in such section.

☐ ☒ **Owner's Certifications Regarding Occupied Housing**

The site of the building to be altered or demolished, or the site of the new building to be constructed, contains one or more occupied dwelling units that will remain occupied during construction. These occupied dwelling units have been clearly identified on the submitted construction documents.

☐ ☒ **The site of the building to be altered or demolished, or the site of the new building to be constructed, contains occupied housing accommodations subject to rent control or rent stabilization under Chapters 3 and 4 of Title 26 of the New York City Administrative Code. If yes, select one of the following:**

☐ The owner is not required to notify the Division of Housing and Community Renewal (DHCR) of the owner's intention to file because the nature and scope of the work proposed, pursuant to DHCR regulations, does not require notification.

☐ The owner has notified the Division of Housing and Community Renewal (DHCR) of its intention to file such construction documents/apply for such permit and has complied with all requirements imposed by the regulations of such agency as preconditions for such [filing/application].

Provide date DHCR notified:

☐ ☒ **Owner's Certification for Adult Establishments**

I authorize and intend to create, enlarge, or extend an establishment with adult activity and/or adult material as defined in ZR §12-10 "adult establishment" or related sign at the subject premises.

☒ ☐ **Owner's Certification for Directive 14 Applications (if applicable)**

I have read and am fully aware of the applicant's statement that the construction documents submitted and all construction documents related to this application will not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy. Furthermore, I understand that I am responsible for retaining a qualified design professional to perform a final inspection when the permitted work is complete and this professional must submit a satisfactory final inspection report to the NYC Department of Buildings within the time following inspection prescribed by Department rule.

Owner type: ☐ Individual ☐ DCAS ☐ HHC ☐ NYCHA
☒ Partnership ☐ DOE ☐ HPD ☐ NYS
☐ Corporation 26A ☐ Other Government
☐ Condo Unit Owner or Co-Op Tenant-shareholder 26A

Is the owner a non-profit organization? ☐ Yes ☒ No

Name (please print): AMANDA ORTIZ

Relationship to Owner: PROPERTY MANAGE

Business Name/Agency: GOLD ST. PROP, LP, C/O THURCON P

Street Address: 49 WEST 32 STREET, 2F

City: NEW YORK State: NY Zip: 10001

Telephone Number: (212) 477-2700 Fax:

E-Mail Address: AMANDA@THURCON.COM

Signature and Date

26A Condo/Co-Op Board or Corporation Second Officer

Name (please print):

Title:

Street Address:

City:

State:

Zip:

Telephone Number:

Fax:

E-Mail Address:

Signature and Date

*Signature required for authorized representative of Condo or Co-Op board. Second officer signature not required for corporations.

26B Lessee Responsible for Annual Sign or Marquee Permit

Name (please print):

Relationship to Owner:

Business Name/Agency:

Street Address:

City:

State:

Zip:

Telephone Number:

Fax:

E-Mail Address:

Internal Use Only

Pre-Filer Name:

Pre-Filer Signature:

Date:

Cost Estimate: \$

Amount Due: \$

Verified by ▼ Date ▼

Initial Amount Paid: \$

Balance Due: \$

Stamps, Certifications and Notes:

DOB Reference Number: T00000918962

User Ref ID: 467713

01/11

PW1

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26 Property Owner's Statements and Signatures

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department. Furthermore, I understand that I am responsible for insuring that a final inspection be performed when the permitted work is complete, and that a satisfactory report of final inspection be submitted, along with all required submittal documents, so that the NYC Department of Buildings may issue a letter of completion or certificate of occupancy within the time prescribed by law.

I have authorized the applicant to file this application for the work specified herein and all future amendments. I will not knowingly authorize any work that is not in compliance with the New York City Energy Conservation Code (NYCECC)

Yes No

☐ ☒ **Fee Deferred Request Statement**

I hereby request a fee deferral for the work proposed on this application and understand that all fees must be paid before issuance of any Certificate of Occupancy or job sign off.

☐ ☒ **Fee Exemption Request Statement**

In accordance with §26-112.1 of the NYC Administrative Code I hereby state that the proposed work involves a building or property owned or used exclusively for the purposes indicated in such section.

☐ ☒ **Owner's Certifications Regarding Occupied Housing**

The site of the building to be altered or demolished, or the site of the new building to be constructed, contains one or more occupied dwelling units that will remain occupied during construction. These occupied dwelling units have been clearly identified on the submitted construction documents.

☐ ☒ **The site of the building to be altered or demolished, or the site of the new building to be constructed, contains occupied housing accommodations subject to rent control or rent stabilization under Chapters 3 and 4 of Title 26 of the New York City Administrative Code. If yes, select one of the following:**

☐ The owner is not required to notify the Division of Housing and Community Renewal (DHCR) of the owner's intention to file because the nature and scope of the work proposed, pursuant to DHCR regulations, does not require notification.

☐ The owner has notified the Division of Housing and Community Renewal (DHCR) of its intention to file such construction documents/apply for such permit and has complied with all requirements imposed by the regulations of such agency as preconditions for such [filing/application].

Provide date DHCR notified:

☐ ☒ **Owner's Certification for Adult Establishments**

I authorize and intend to create, enlarge, or extend an establishment with adult activity and/or adult material as defined in ZR §12-10 "adult establishment" or related sign at the subject premises.

☒ ☐ **Owner's Certification for Directive 14 Applications (if applicable)**

I have read and am fully aware of the applicant's statement that the construction documents submitted and all construction documents related to this application will not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy. Furthermore, I understand that I am responsible for retaining a qualified design professional to perform a final inspection when the permitted work is complete and this professional must submit a satisfactory final inspection report to the NYC Department of Buildings within the time following inspection prescribed by Department rule.

Owner type: ☐ Individual ☐ DCAS ☐ HHC ☐ NYCHA
☒ Partnership ☐ DOE ☐ HPD ☐ NYS
☐ Corporation 26A ☐ Other Government
☐ Condo Unit Owner or Co-Op Tenant-shareholder 26A
 Is the owner a non-profit organization? ☐ Yes ☒ No

Name (please print): **AMANDA ORTIZ**Relationship to Owner: **PROPERTY MANAGE**Business Name/Agency: **GOLD ST. PROP, LP, C/O THURCON P**Street Address: **49 WEST 32 STREET, 2F**City: **NEW YORK** State: **NY** Zip: **10001**Telephone Number: **(212) 477-2700** Fax:E-Mail Address: **AMANDA@THURCON.COM**Signature and Date  **11/26/13****26A Condo/Co-Op Board or Corporation Second Officer**

Name (please print):

Title:

Street Address:

City:


State:

Zip:

Telephone Number:

Fax:

E-Mail Address:

Signature and Date 

**Signature required for authorized representative of Condo or Co-Op board. Second officer signature not required for corporations.*

26B Lessee Responsible for Annual Sign or Marquee Permit

Name (please print):

Relationship to Owner:

Business Name/Agency:

Street Address:

City:

State:

Zip:

Telephone Number:

Fax:

E-Mail Address:

Internal Use Only

Pre-Filer Name:

Pre-Filer Signature:

Date:

Cost Estimate: \$

Amount Due: \$

Verified by ▼ Date ▼

Initial Amount Paid: \$

Balance Due: \$

Stamps, Certifications and Notes:

DOB Reference Number: **T00000918962**
 User Ref ID: **467713**

01/11



**TR1: Technical Report
Statement of Responsibility**
This form must be typewritten

☒ Orient and affix BIS
job number label here ☒

1	Location Information <i>Required for all applications.</i>		
House No(s) 88		Street Name FULTON STREET	
Work on Floor(s) CEL			
2	Applicant Information <i>Required for all applications.</i>		
Choose all that apply: <input checked="" type="checkbox"/> Design Applicant 3A, 4A, 5 <input checked="" type="checkbox"/> Special Inspections Applicant 3B-D, 6-8 <input checked="" type="checkbox"/> Progress Inspections Applicant 4B-D, 6-8			
Last Name TUNG		First Name THOMAS	Middle Initial C
Business Name THOMAS C TUNG, P.E.		Business Telephone (917) 922-3570	
Business Address 43-31 195TH STREET		Business Fax	
City FLUSHING		State NY	Zip 11358
License Type choose one: <input checked="" type="checkbox"/> P.E. <input type="checkbox"/> R.A. <input type="checkbox"/> Other:		License Number 049458	
		Special Inspection Agency Number	

3	Special Inspection Items <i>Required for all applications, continued on page 2; ■ indicates report required.</i>			
3A	Identification of Requirement	3B Identification of Responsibilities	3C Certificate of Complete Inspections / Tests	3D Withdraw Responsibilities
Y	N	Code/Section	Initial & Date	Initial & Date
<input checked="" type="checkbox"/>		Flood Zone Compliance	BC G105	
<input checked="" type="checkbox"/>		Fire Alarm Test	BC 907, BC 1704.13	
<input checked="" type="checkbox"/>		Photoluminescent Exit Path Markings	■ TR7 BC 1026.11	
<input checked="" type="checkbox"/>		Emergency Power Systems (Generators)	BC 1704.13, BC 2702	
<input checked="" type="checkbox"/>		Structural Steel - Welding	BC 1704.3.1	
<input checked="" type="checkbox"/>		Structural Steel - Erection & Bolting	BC 1704.3.2, BC 1704.3.3	
<input checked="" type="checkbox"/>		Structural Cold-Formed Steel	BC 1704.3.4	
<input checked="" type="checkbox"/>		Concrete - Cast-In-Place	BC 1704.4	
<input checked="" type="checkbox"/>		Concrete - Precast	BC 1704.4	
<input checked="" type="checkbox"/>		Concrete - Prestressed	BC 1704.4	
<input checked="" type="checkbox"/>		Masonry	BC 1704.5	
<input checked="" type="checkbox"/>		Wood - Off-Site fabrication of Structural Elements	BC 1704.6	
<input checked="" type="checkbox"/>		Wood - Installation of High-Load Diaphragms	BC 1704.8.1	
<input checked="" type="checkbox"/>		Wood - Installation of Metal-Plate-Connected Trusses	BC 1704.8.3	
<input checked="" type="checkbox"/>		Wood - Installation of Prefabricated I-Joists	BC 1704.8.4	
<input checked="" type="checkbox"/>		Soils - Site Preparation	BC 1704.7.1	
<input checked="" type="checkbox"/>		Soils - Fill placement & In-Place Density	BC 1704.7.2, BC 1704.7.3	
<input checked="" type="checkbox"/>		Soils - Investigations (Borings/Test Pits)	■ TR4 BC 1704.7.4	
<input checked="" type="checkbox"/>		Pile Foundations & Drilled Pier Installation	■ TR5 BC 1704.8	
<input checked="" type="checkbox"/>		Pier Foundations	BC 1704.9	
<input checked="" type="checkbox"/>		Underpinning	BC 1704.9.1	
<input checked="" type="checkbox"/>		Wall Panels, Curtain Walls, and Veneers	BC 1704.10	
<input checked="" type="checkbox"/>		Sprayed Fire-Resistant Materials	BC 1704.11	
<input checked="" type="checkbox"/>		Exterior Insulation Finish Systems (EIFS)	BC 1704.12	
<input checked="" type="checkbox"/>		Alternative Materials - OTCR Buildings Bulletin #	BC 1704.13	
<input checked="" type="checkbox"/>		Smoke Control Systems	BC 1704.14	
<input checked="" type="checkbox"/>		Mechanical Systems	BC 1704.15	
<input checked="" type="checkbox"/>		Fuel-Oil Storage and Fuel-Oil Piping Systems	BC 1704.16	
<input checked="" type="checkbox"/>		High-Pressure Steam Piping (Welding)	BC 1704.17	
<input checked="" type="checkbox"/>		Fuel-Gas Piping (Welding)	BC 1704.18	
<input checked="" type="checkbox"/>		Structural Safety - Structural Stability	BC 1704.19	
<input checked="" type="checkbox"/>		Mechanical Demolition	BC 1704.19, BC 3306.6	

TR1

PAGE 2

3 Special Inspection Items (continued) Required for all applications; ■ indicates report required.				
3A Identification of Requirement		3B Identification of Responsibilities	3C Certificate of Complete Inspections / Tests	3D Withdraw Responsibilities
Y	N	Code/Section	Initial & Date	Initial & Date
<input checked="" type="checkbox"/>		Excavation - Sheeting, Shoring, and Bracing BC 1704.19, BC 3304.4.1		
<input checked="" type="checkbox"/>		Soil Percolation Test - Drywell ■ BC 1704.20.1		
<input checked="" type="checkbox"/>		Soil Percolation Test - Septic ■ BC 1704.20.1		
<input checked="" type="checkbox"/>		Site Storm Drainage Disposal and Detention System Installation BC 1704.20		
<input checked="" type="checkbox"/>		Septic System Installation BC 1704.20		
<input checked="" type="checkbox"/>		Sprinkler Systems BC 1704.21		
<input checked="" type="checkbox"/>		Standpipe Systems BC 1704.22		
<input checked="" type="checkbox"/>		Heating Systems BC 1704.23		
<input checked="" type="checkbox"/>		Chimneys BC 1704.24		
<input checked="" type="checkbox"/>		Fireslop, Draftstop, and Fireblock systems BC 1704.25		
<input checked="" type="checkbox"/>		Aluminum Welding BC 1704.26		
<input checked="" type="checkbox"/>		Seismic Isolation Systems BC 1707.8		
<input checked="" type="checkbox"/>		Concrete Test Cylinders ■ TR2 BC 1905.6	Submit TR2 to complete these items	
<input checked="" type="checkbox"/>		Concrete Design Mix ■ TR3 BC 1905.3	Submit TR3 to complete these items	

4 Progress Inspection Items Required for all applications. ■ indicates report required.				
4A Identification of Requirement		4B Identification of Responsibilities	4C Certificate of Complete Inspections / Tests	4D Withdraw Responsibilities
Y	N	Code/Section	Initial & Date	Initial & Date
<input checked="" type="checkbox"/>		Preliminary 28-116.2.1, BC 109.2		
<input checked="" type="checkbox"/>		Footings and Foundation BC 109.3.1		
<input checked="" type="checkbox"/>		Lowest Floor Elevation (attach FEMA form) BC 109.3.2		
<input checked="" type="checkbox"/>		Frame Inspection BC 109.3.3		
<input checked="" type="checkbox"/>		Energy Code Compliance Inspections ■ TR3 BC 109.3.5	Submit TR3 to complete this item	
<input checked="" type="checkbox"/>		Fire-Resistance Rated Construction BC 109.3.4		
<input checked="" type="checkbox"/>		Public Assembly Emergency Lighting 28-116.2.2		
<input checked="" type="checkbox"/>		Final* 28-116.2.4.2, BC 109.5, Directive 14 of 1975, and 1 RCNY §101-10		

* For column 4C, indicate date when the actual final inspection was performed

5 Design Applicant's Statements and Signatures P.E./R.A. responsible for plans, choose both below and sign/seal.	
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☒ I have identified all of the special inspections, progress inspections and tests required for compliance.

☐ I certify that the Special Inspection and Approved Agencies engaged by the owner to supervise the work specified above are acceptable. (BC 1704.1)

Name (please print)

THOMAS C. TUNG

Signature

Date

P.E. / R.A. Seal (apply seal; then sign and date over seal)

6 Owner's Statement and Signature for Progress/Special Inspector Required when inspection applicant identifies responsibilities.	
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I have reviewed the information provided herein and, to the best of my knowledge and belief, attest to its accuracy. I approve the identification of the responsible progress inspector. Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by a fine or imprisonment, or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (print) AMANDA ORTIZ

Title PROPERTY MANAGER

Signature

Date

11/26/13

01/11

TR1

PAGE 2

3 Special Inspection Items (continued) Required for all applications; ■ indicates report required.				3B Identification of Responsibilities	3C Certificate of Complete Inspections / Tests	3D Withdraw Responsibilities
3A Identification of Requirement			Code/Section	Initial & Date	Initial & Date	Initial & Date
Y	N	Special Inspections				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Excavation - Shoring, Shoring, and Bracing	BC 1704.19, BC 3304.4.1			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Soil Percolation Test - Drywell	BC 1704.20.1			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Soil Percolation Test - Septic	BC 1704.20.1			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Site Storm Drainage Disposal and Detention System Installation	BC 1704.20			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Septic System Installation	BC 1704.20			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sprinkler Systems	BC 1704.21			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Standpipe Systems	BC 1704.22			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heating Systems	BC 1704.23			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chimneys	BC 1704.24			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Firestop, Draftstop, and Fireblock systems	BC 1704.25			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Aluminum Welding	BC 1704.26			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seismic Isolation Systems	BC 1707.8			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concrete Test Cylinders	■ TR2 BC 1905.6	Submit TR2 to complete these items		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concrete Design Mix	■ TR3 BC 1905.3	Submit TR3 to complete these items		

4 Progress Inspection Items Required for all applications. ■ indicates report required.				4B Identification of Responsibilities	4C Certificate of Complete Inspections / Tests	4D Withdraw Responsibilities
4A Identification of Requirement			Code/Section	Initial & Date	Initial & Date	Initial & Date
Y	N	Progress Inspections				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Preliminary	28-116.2.1, BC 109.2			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Footings and Foundation	BC 109.3.1			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lowest Floor Elevation (attach FEMA form)	BC 109.3.2			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Frame Inspection	BC 109.3.3			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Energy Code Compliance Inspections	■ TR8 BC 109.3.5	Submit TR8 to complete this item		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire-Resistance Rated Construction	BC 109.3.4			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Public Assembly Emergency Lighting	28-115.2.2			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Final*	28-116.2.4.2, BC 109.5, Directive 14 of 1975, and 1 RCNY §101-10			

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Name (please print)

THOMAS C. TUNG

Signature

Date

P.E. / R.A. Seal (apply seal, then sign and date over seal)

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Name (print) AMANDA ORTIZ

Title PROPERTY MANAGER

Signature

Date

11-26-13

01/11

PAGE 2

TR1

3 Special Inspection Items (continued) Required for all applications; ■ indicates report required.				3B Identification of Responsibilities	3C Certificate of Complete Inspections / Tests	3D Withdraw Responsibilities
3A -- Identification of Requirement				Initial & Date	Initial & Date	Initial & Date
Y	N	Special Inspections	Code/Section			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Excavation - Sheeting, Shoring, and Bracing	BC 1704.19, BC 3304.4.1			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Soil Percolation Test - Drywell	BC 1704.20.1			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Soil Percolation Test - Septic	BC 1704.20.1			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Site Storm Drainage Disposal and Detention System Installation	BC 1704.20			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Septic System Installation	BC 1704.20			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sprinkler Systems	BC 1704.21			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Standpipe Systems	BC 1704.22			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heating Systems	BC 1704.23			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chimneys	BC 1704.24			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Firestop, Draftstop, and Fireblock systems	BC 1704.25			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Aluminum Welding	BC 1704.26			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Seismic Isolation Systems	BC 1707.8			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concrete Test Cylinders	BC 1905.6	Submit TR2 to complete these items		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concrete Design Mix	BC 1905.3	Submit TR3 to complete these items		

4 Progress Inspection Items Required for all applications. ■ indicates report required.				4B Identification of Responsibilities	4C Certificate of Complete Inspections / Tests	4D Withdraw Responsibilities
4A -- Identification of Requirement				Initial & Date	Initial & Date	Initial & Date
Y	N	Progress Inspections	Code/Section			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Preliminary	28-116.2.1, BC 109.2			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Footings and Foundation	BC 109.3.1			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lowest Floor Elevation (attach FEMA form)	BC 109.3.2			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Frame Inspection	BC 109.3.3			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Energy Code Compliance Inspections	BC 109.3.5	Submit TR8 to complete this item		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire-Resistance Rated Construction	BC 109.3.4			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Public Assembly Emergency Lighting	28-116.2.2			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Final*	28-116.2.4.2, BC 109.5, Directive 14 of 1975, and 1 RCNY §101-10			

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11-26-13

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TR1

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3 Special Inspection Items (continued) Required for all applications; █ indicates report required.				
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<input checked="" type="checkbox"/>		Soil Percolation Test - Drywell	BC 1704.20.1	
<input checked="" type="checkbox"/>		Soil Percolation Test - Septic	BC 1704.20.1	
<input checked="" type="checkbox"/>		Site Storm Drainage Disposal and Detention System Installation	BC 1704.20	
<input checked="" type="checkbox"/>		Septic System Installation	BC 1704.20	
<input checked="" type="checkbox"/>		Sprinkler Systems	BC 1704.21	
<input checked="" type="checkbox"/>		Standpipe Systems	BC 1704.22	
<input checked="" type="checkbox"/>		Heating Systems	BC 1704.23	
<input checked="" type="checkbox"/>		Chimneys	BC 1704.24	
<input checked="" type="checkbox"/>		Firestop, Draftstop, and Fireblock systems	BC 1704.25	
<input checked="" type="checkbox"/>		Aluminum Welding	BC 1704.26	
<input checked="" type="checkbox"/>		Seismic Isolation Systems	BC 1707.8	
<input checked="" type="checkbox"/>		Concrete Test Cylinders	TR2 BC 1905.6	Submit TR2 to complete these items
<input checked="" type="checkbox"/>		Concrete Design Mix	TR3 BC 1905.3	Submit TR3 to complete these items

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<input checked="" type="checkbox"/>		Preliminary	28-116.2.1, BC 109.2	
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<input checked="" type="checkbox"/>		Public Assembly Emergency Lighting	28-116.2.2	
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Signature

Date

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Name (print) AMANDA ORTIZ

Title PROPERTY MANAGER

Signature

Date

11-26-13



Job Number

(Affix Label)

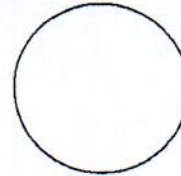
Professional and Owner Certification

Please file three (3) originals

1. Professional's Certification

"I hereby state that I have exercised a professional standard of care in certifying that the filed application is complete and in accordance with applicable laws, including the rules of the Department of Buildings, as of this date. I am aware the Commissioner will rely upon the truth and accuracy of this statement. I have notified the owner that this application has been professionally certified. If an audit or other exam discloses non-compliance, I agree to notify the owner of the remedial measures that must be taken to meet legal requirements. I further realize that any misrepresentation or falsification of facts made knowingly or negligently by me, my agents or employees, or by others with my knowledge, will render me liable for legal and disciplinary action by the Department of Buildings and other appropriate authorities, including termination of participation in the professional certification procedures at the Department of Buildings."

Professional's Seal



049458

Professional's License No.

Professional's Signature & Date

2. Owner's Statement

"I have read and am fully aware of the applicant's above statement that this job will be professionally certified, and agree to bring into compliance any construction which is found not to comply with all applicable laws and regulations."

[Signature] 11-26-13
Owner's Signature & Date

3. Applicant's Contact Information

	Fax Numbers	Email Addresses
Applicant	_____	<u>efilingLL@gmail.com</u>
Owner	_____	<u>AMANDA@THURCON.COM</u>
Filing Representative	_____	<u>jchangroup@gmail.com</u>



Job Number

(Affix Label)

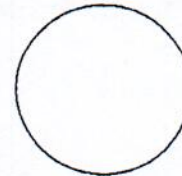
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Professional's Seal



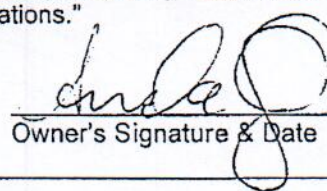
049458

Professional's License No.

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2. Owner's Statement

"I have read and am fully aware of the applicant's above statement that this job will be professionally certified, and agree to bring into compliance any construction which is found not to comply with all applicable laws and regulations."


 Owner's Signature & Date

11-26-13

3. Applicant's Contact Information

	Fax Numbers	Email Addresses
Applicant	_____	efilingLL@gmail.com
Owner	_____	AMANDA@THURCON.COM
Filing Representative	_____	jchangroup@gmail.com



The New York City Landmarks Preservation Commission
 1 Centre Street, 9th Floor North New York NY 10007 (212) 669-7700 Fax (212) 669-7960
<http://nyc.gov/landmarks>



Rev 04/11

APPLICATION FORM

FOR WORK ON DESIGNATED PROPERTIES

This application will not be deemed complete until it is so certified by the Landmarks Preservation Commission. An application consists of an application form and the materials necessary to describe the project fully. If being submitted in response to a Warning Letter or Notice of Violation, please enter the number below. Please print or type all items. If not applicable, mark N/A.

Staff Use Only			
LPC Docket #		Date Received	
<input type="checkbox"/> PMW	<input type="checkbox"/> CNE	<input type="checkbox"/> COFA	<input type="checkbox"/> REPORT
Action		OTHER	
		Work Type	

Designated
Property:

88 Fulton Street

Cellar Mezz.

Address

Brooklyn

77

24

Floor or Apartment #

C6-4

Borough

Block

Lot

Zoning

Warning Letter/NOV # (if applicable): N/A

Description
of Work
(check all that
apply):

☒ Interior Alterations

☐ Restoration Work

☐ Replace Window(s) or

Door(s)

☐ Thru-wall, Thru-window

Air Conditioning Equipment

☐ Rooftop or Rear Yard

HVAC

☐ Rooftop or Rear Yard

Addition: Visible? ☐ Yes ☐ No

☐ Awnings/ Signage/

Lighting

☐ New Building

☐ Storefronts

☐ New Window or Door

Opening(s)

☐ Sidewalk or Street Paving

☐ Barrier-Free Access

☐ Sidewalk Café

☐ Temporary Installations

☐ Other:

Are you applying to any of the following? ☒ Buildings Department ☐ City Planning Commission ☐ Board of Standards & Appeals

Tenant/ Lessee/

Co-Op Shareholder:

Name, Title and Firm (if applicable)

Address

City, State, Zip Code

Phone (Day)

Fax

E-mail address

Thomas C Tung, P.E. Thomas C Tung P.E.

Name, Title and Firm (if applicable)

55C Delancey Street

New York, NY 10002

Address

City, State, Zip Code

(212) 966-7828

(212) 966-5611

efilingLL@gmail.com

Phone (Day)

Fax

E-mail address

Person Filing Application
(e.g., Expeditor, Attorney,
Managing Agent, etc.):

John Kan, Hui Zeng, Expeditor, J Chan Group Corp

Name, Title and Firm (if applicable)

55C Delancey Street

New York, NY 10002

Address

City, State, Zip Code

(212) 966-7828

(212) 966-5611

rapc1848@gmail.com

Phone (Day)

Fax

E-mail address

I am the owner of the above-listed property. I am familiar with the work proposed to be carried out on my property and give my permission for this application to be filed. The information entered is correct and complete, to the best of my knowledge.

Owner:

For applications for work on or in a cooperative or condominium building, the "owner" is the Co-op Board or Condominium Association. An officer of the Co-op Board or Condominium Association must sign this application. Please consult the Instructions for Filing for additional information.

Amanda Ortiz, Property Manager

212-477-2700

Owner's Name and Title (please type or print)

Phone (Day)

Gold St. prop. LP, C/O Thurcon Properties Ltd.

amanda@thurcon.com

Company, Corporation, Organization (if applicable)

E-mail address

49 West 32nd Street, 2/F

New York, NY 10001

Address

City, State, Zip Code

Signature:

Signature of Owner

Date

Note: Section 25-317 of the Administrative Code of the City of New York makes it a punishable offense to willfully make false statements on this application.



The New York City Landmarks Preservation Commission
 1 Centre Street, 9th Floor North New York NY 10007 (212) 669-7700 Fax (212) 669-7960
<http://nyc.gov/landmarks>



Rev 04/11

APPLICATION FORM

FOR WORK ON DESIGNATED PROPERTIES

This application will not be deemed complete until it is so certified by the Landmarks Preservation Commission. An application consists of an application form and the materials necessary to describe the project fully. If being submitted in response to a Warning Letter or Notice of Violation, please enter the number below. Please print or type all items. If not applicable, mark N.A.

Staff Use Only				
LPC Docket #		Date Received		Staff
<input type="checkbox"/> PMW	<input type="checkbox"/> CNE	<input type="checkbox"/> COFA	<input type="checkbox"/> REPORT	<input type="checkbox"/>
Action			OTHER	Work Type

Designated Property: 88 Fulton Street Cellar Mezz.
 Address Brooklyn 77 24 C6-4
 Borough Block Lot Zoning

Warning Letter/NOV # (if applicable): N/A

Description of Work
 (check all that apply):

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Interior Alterations | <input type="checkbox"/> Rooftop or Rear Yard | <input type="checkbox"/> Sidewalk or Street Paving |
| <input type="checkbox"/> Restoration Work | Addition: Visible? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Barrier-Free Access |
| <input type="checkbox"/> Replace Window(s) or Door(s) | <input type="checkbox"/> Awnings/ Signage/ Lighting | <input type="checkbox"/> Sidewalk Café |
| <input type="checkbox"/> Thru-wall, Thru-window | <input type="checkbox"/> New Building | <input type="checkbox"/> Temporary Installations |
| <input type="checkbox"/> Air Conditioning Equipment | <input type="checkbox"/> Storefronts | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Rooftop or Rear Yard HVAC | <input type="checkbox"/> New Window or Door Opening(s) | |

Are you applying to any of the following? ☒ Buildings Department ☐ City Planning Commission ☐ Board of Standards & Appeals

Tenant/ Lessee/ Co-Op Shareholder:

Name, Title and Firm (if applicable)
 Address City, State, Zip Code
 Phone (Day) Fax E-mail address

Architect/Engineer/ Contractor
 (if applicable):

Thomas C Tung, P.E. Thomas C Tung P.E.
 Name, Title and Firm (if applicable)
55C Delancey Street New York, NY 10002
 Address City, State, Zip Code
(212) 966-7828 (212) 966-5611 efilingLL@gmail.com
 Phone (Day) Fax E-mail address

Person Filing Application
 (e.g., Expeditor, Attorney, Managing Agent, etc.):

John Kan, Hui Zeng, Expeditor, J Chan Group Corp
 Name, Title and Firm (if applicable)
55C Delancey Street, New York, NY 10002
 Address City, State, Zip Code
(212) 966-7828 (212) 966-5611 rapc1848@gmail.com
 Phone (Day) Fax E-mail address

I am the owner of the above-listed property. I am familiar with the work proposed to be carried out on my property and give my permission for this application to be filed. The information entered is correct and complete, to the best of my knowledge.

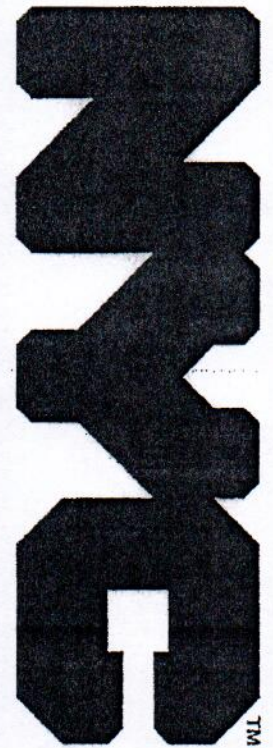
Owner:

For applications for work on or in a cooperative or condominium building, the "owner" is the Co-op Board or Condominium Association. An officer of the Co-op Board or Condominium Association must sign this application. Please consult the Instructions for Filing for additional information.

Amanda Ortiz, Property Manager 212-477-2700
 Owner's Name and Title (please type or print) Phone (Day)
Gold St. prop. L.P. C/O Thurcon Properties Ltd. amanda@thurcon.com
 Company, Corporation, Organization (if applicable) E-mail address
49 West 32nd Street, 2/F New York, NY 10001
 Address City, State, Zip Code
 Signature of Owner 11-26-13
 Date

Note: Section 25-317 of the Administrative Code of the City of New York makes it a punishable offense to willfully make false statements on this application.

ALL-USA Nails



Work Permit Department of Buildings

Permit Number: 121003056-01-PL

Issued: 01/08/2014

Expires: 01/08/2015

Address: MANHATTAN 88 FULTON STREET

Issued to: WILLIAM F HARVEY

Business: ORION PLUMBING & HTG CORP

License No: MP-1350

Description of Work:

PLUMBING - ALTERATION TYPE 2 RENOVATION OF EXISTING COMMERCIAL; INSTALL INTERIOR PARTITION, FLOORING, DROP CEILING AND PLUMBING FIXTURES. REPLACE STOREFRONT WITH EXISTING OPENING. NO CHANGE IN USE, EGRESS OR OCCUPANCY.

Review is requested under Building Code: 1968

SITE FILL: NOT APPLICABLE

To see a Zoning Diagram (ZD1) or to challenge a zoning approval filed as part of a New Building application or Alteration application filed after 7/13/2009, please use "My Community" on the Buildings Department web site at www.nyc.gov/buildings.

Emergency Telephone Day or Night: 311

Borough Commissioner:

A handwritten signature in black ink, likely belonging to the Borough Commissioner.

Commissioner of Buildings:

A handwritten signature in black ink, likely belonging to the Commissioner of Buildings.

Acting

Tampering with or knowingly making a false entry in or falsely altering this permit is a crime that is punishable by a fine, imprisonment of both,

01/01/2014

NYC

Buildings



Work Permit Department of Buildings

Permit Number: 121003056-01-EW-OT

Issued: 12/18/2013

Expires: 04/23/2014

Address: MANHATTAN

88 FULTON STREET

Issued to: JOHNNY CHAN

Business: J CHAN GROUP CORP

Contractor No: GC-608910

Description of Work: CONCRETE WORK NOT AUTHORIZED - CONCRETE PLACEMENT, FORMWORK, STEEL REINFORCING NOT PERMITTED.

ALTERATION TYPE 2 - GEN. CONSTR. RENOVATION OF EXISTING COMMERCIAL; INSTALL INTERIOR PARTITION, FLOORING, DROP CEILING AND PLUMBING FIXTURES. REPLACE STOREFRONT WITH EXISTING OPENING. NO CHANGE IN USE, EGRESS OR OCCUPANCY.

Review is requested under Building Code: 1968

SITE FILL: NOT APPLICABLE

To see a Zoning Diagram (ZD1) or to challenge a zoning approval filed as part of a New Building application or Alteration application filed after 7/13/2009, please use "My Community" on the Buildings Department web site at www.nyc.gov/buildings.

Emergency Telephone Day or Night: 311

Borough Commissioner:

Commissioner of Buildings:

Acting

Tampering with or knowingly making a false entry in or falsely altering this permit is a crime that is punishable by a fine, imprisonment of both, or both.

NYC

Buildings



Work Permit Department of Buildings

Permit Number: 121003056-01-EQ-FN

Issued: 12/18/2013

Expires: 04/23/2014

Address: MANHATTAN

88 FULTON STREET

Issued to: JOHNNY CHAN

Business: J CHAN GROUP CORP

Contractor No: GC-608910

Description of Work:

ALTERATION TYPE 2 - CONSTRUCTION EQUIPMENT - FENCE RENOVATION OF EXISTING COMMERCIAL; INSTALL INTERIOR PARTITION, FLOORING, DROP CEILING AND PLUMBING FIXTURES. REPLACE STOREFRONT WITH EXISTING OPENING. NO CHANGE IN USE, EGRESS OR OCCUPANCY.



Review is requested under Building Code: 1968

SITE FILL: NOT APPLICABLE

To see a Zoning Diagram (ZD1) or to challenge a zoning approval filed as part of a New Building application or Alteration application filed after 7/13/2009, please use "My Community" on the Buildings Department web site at www.nyc.gov/buildings.

Emergency Telephone Day or Night: 311

Borough Commissioner:

Commissioner of Buildings:

Acting

Tampering with or knowingly making a false entry in or falsely altering this permit is a crime that is punishable by a fine, imprisonment of both

01/01/2014

Proposal for: 88 Fulton Street, New York, NY 10038
Home Improvement/Renovation

11/24/2013

Sol Power Associates Inc
Yi Zhu
9175181720

Cost code	Description	Cost	Remark
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Demolition

- 1 remove partition walls
- 2 remove floor tiles/carpet and ceiling
- 3 remove basic electric wires
- 4 remove basic plumbing pipes

Plumbing

- 1 install new plumbing for pedicure area with 10 chairs
- 2 install new plumbing for 3 waxing room sinks
- 3 install new plumbing for 2 facial room sinks
- 4 install new plumbing for 3 hand sinks at open area
- 5 install new plumbing for 2 toilet for both bathroom
- 6 install new plumbing for 2 hand sinks for both bathroom
- 7 install new plumbing for boiler room
- 8 install new plumbing for laundry room

Electrical

- 1 run new electric wires for all ceiling light fixtures
- 2 run new electric wires for all wall light fixtures
- 3 run new electric wires for all new outlets
- 4 run new electric wires for all switches

Finish

- 1 Install 3 sinks for waxing rooms
- 2 install 2 sinks for facial rooms
- 3 install 3 hand sinks for open area
- 4 install 2 toilets for both bathrooms
- 5 install 2 hand sinks for both bathrooms
- 6 Install 10 new pedicure chairs
- 7 install new floor tiles
- 8 install new ceiling
- 9 install partition walls for waxing rooms
- 10 install partition walls for facial rooms
- 11 install partition walls for 2 bathrooms